

Instructions

1. Use this form to request an additional debit card(s) on your FSA/HSA.
2. Forward completed form to: **Compensation Consultants Ltd.** at:
PO Box 720, Cloquet, MN 55720 or fax to: **218-879-9684**.
3. If you have any questions regarding this form, please call **1-800-447-1690**

Accountholder Information

Employer Name

Last Name

First Name

Middle Initial

Additional Card Information**Card Two**

Name

Social Security Number

Date of Birth (dependent must be 18 years of age or older to receive card)Relationship: Spouse
 DependentFull time student: Yes
 No**Signature**

I certify that I am the account-holder or an individual authorized to execute this transaction. I have read and understand the instructions and any rules or conditions relating to this transaction. I assume full responsibility for this transaction and will not hold HSA Administrator or Healthcare Bank, a division of Bell Bank liable for any adverse consequences that may result. I have not received tax or legal advice from Administrator or Healthcare Bank and, if necessary, will seek the advice of a tax or legal professional to ensure my compliance with related laws. All information provided by me is true and correct and may be relied upon by HSA Administrator and Healthcare Bank. **I authorize the issuance of additional debit card(s) to the individual(s) listed above.**

Signature of Account-holder

Date